Vestibular Technologies 504 Villa Drive Marion, IL 62959-3357

Office 618 993 7554

Fax 312 896-5856



Division of Orthopaedics

	System Purchase Order
om (Bill to):	
O. #:	
end system to (incl. name & pho	one no.):
cense Information:	
omponents (replace the symbol APS ™ Base & Vision:	■ with ☑ where appropriate):
Standard configuration ☐ Desktop computer ☐ Cart ☐ Training	Optional features Laptop computer Portable printer Carrying bag for plate Echocheck OAE
ENG 20/20:	
Standard configuration □ Laptop computer □ VAT® □ ENGPlus □ Caloric Irrigator □ Training	Optional features □ Desktop computer □ Desktop printer □ Cart
elivery terms (change the symb	ol 🗖 with 🗹 where appropriate):
☐ Ship when ready☐ Ship only completed ord	□ Wait until paid in fulller□ Ship partially completed order
eposit paid: \$	☐ Check ☐ Wire/ACH